KCDC TIME PAYMENT AGREEMENT	Sat Un Daudling:
TIME PAYMENT AGREEMENT	Set Up Deadline: (date to be filled in by the Court)
Name:	Case Number *
Fine/Penalty/Costs *	\$
Account Set-up Fee	
Amount Owing **	· · · · · · · · · \$
Minimum Monthly Payment Amount (usually 10 * See reverse for multiple case numbers	and account details.
** Costs will be assessed each month in a	ddition to the total amount owing, as follows:
A. The account set-up fee of \$15 at the time the account is set-	.00 and the first payment must be paid
	atus" (all payments made as agreed) the
monthly cost shall be \$4.75 p	er case; or \$8.25 for multiple cases.
	due status" (any payment not made as l increase to \$7.75 per case, or \$11.25 for
multiple cases, every month t	
	than the minimum due each month and/or to pay this or larger payment made in one month will not change
ALL PAYMENTS ARE DUE ON THE Please include your case number with all payment	OF THE MONTH BEGINNING, 20 s.
ALL PAYMENTS ARE TO BE MAILED TO:	
SIGNAL CREDIT MAN P.O. BOX 1849 GIG HARBOR, WA 96	
IF YOU FAIL TO MAKE PAYMENTS AS PROINFORMATION (ADDRESS AND PHONE NUI OCCUR:	MISED AND/OR FAIL TO KEEP YOUR PERSONA MBERS) CURRENT, THE FOLLOWING WILL
to a collection agency. If this is a traffic infraction penalty and notify the Department of Licensing, a	ts pursuant to RCW 3.02.045, and will refer the account, the court will also assess a \$48.00 failure to pay and your driver's license will be suspended until all er, the court may issue a bench warrant for contempt of
SIGNATURE	SSN
ADDRESS	PHONE
CITY/STATE	ZIP_

COURT CLERK: _____ DATE ____

Case # :	Total Fine/Penalty/Costs:	\$	
Violation Date:	Suspended Amount, If Any:	(\$)
Violation Detail:	Failure To Respond Penalty:	\$	
	TOTAL DUE:	\$	
Case # :	Total Fine/Penalty/Costs:	\$	
Violation Date:	Suspended Amount, If Any:	(\$)
Violation Detail:	Failure To Respond Penalty:	\$	
	TOTAL DUE:	\$	
Case # :	Total Fine/Penalty/Costs:	\$	
Violation Date:	Suspended Amount, If Any:	(\$)
Violation Detail:		\$	
	TOTAL DUE:	\$	